

## CANDIDATE COMMITTEE COVER PAGE



FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement	covers From: 24 0 4 to Mo Day Year				
1. Committee I.D. Number 137 467	4. Candidate Last Name ROCCA First Name FRANK M.I. A.					
2. Committee Name THE FEANK ROCCA EIEC. COMM	4a. Office Sought Including District # or Community Served (If applicable) MACON B  4b. County of Residence MACON B					
5. Committee's Mailing Address 27652  BROADTOOR WARREN, MI Area Code and Phone 586-757-2525  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	6. Treasurer's Name & Residential Address  JULIEANNE ROCCA  Area Code & Phone () ( SAME AS 5 )					
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)					
Area Code and Phone ()	Area Code and Phone ()					
9. TYPE OF STATEMENT		9c. Annual Statement ( Coverage Year)				
9a. Pre-Election OR 9b. Post-Election  Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)				
☐ Primary ☐ Gene	eral	9e. L Dissolution of Candidate Committee				
☐ Convention ☐ Scho	ool ,	Effective Date of Dissolution				
☐ Special ☐ Cauc Date of Election, Convention or Caucus ☐	Month Day Year  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.					
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement cannot be waived.						
10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\u00fcour knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or Designated Record keeper JULIANNE ROCCA! Full of Print Name Signature Designature Date 3 02 05  Candidate FRANK A. ROCCA! Fund O- ROCCA Date 3 02 05						
Type or Print Name / Signature / Mo Day Year  Authority granted under P.A. 388 of 19/6						



1. Committee I.D. Number

137467

2. Committee Name THE FRANK ROCKA E/ECTION

## comm.

**SUMMARY PAGE CANDIDATE COMMITTEE** 

RECEIPTS	Column I	Column
3. Contributions	This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 850.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 3500.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,850.00</u>	(20.) \$ <u>3,500,00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-iK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1,850.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) s 1,850 00	(23.)\$ 3,528.17
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1,300	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$ BALANCE STATEMENT	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	(13.) $s = 177.33$ (14.) $+ s = 1850.00$ (15.) $= s = 2027.33$ (16.) $- s = 1850.00$ (17.) $s = 177.33$	



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 13 746

2. Committee Name\_ CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee. (PAC) Report all contributions from committees regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution #1 4. Date of Receipt 10-01-0 Name: MARIA ROCCA Address: 11076 10/11/15 \$ 1000.00 \$ 1000.00 5. If over \$100.00 cumulative, please provide: - RENZE Occupation DUNER Employer Business Address 1102 8 Type of Contribution: Direct Loan from a person PAC Receipt? YES 3. Contribution #2 4. Date of Receipt Name: Address: 5. If over \$100.00 cumulative, please provide: \_\_\_\_Employer\_\_\_\_ Occupation Business Address \_ Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt\_\_ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_ \_\_\_\_Employer Business Address \_\_ Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt\_\_\_\_ Name: Address: 5. If over \$100.00 cumulative, please provide: \_\_\_\_\_Employer\_ Occupation \_\_\_\_ Business Address \_ Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3 of Summary Page.

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## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

137467

CANDIDATE COMMITTEE

2. Committee Name THE FRANK ROCCA ELECTION COMM

CANDIDATE COMMITTEE				
This Schedule itemizes:	<u></u>			
a. $\Gamma$ Debts and obligations owed <u>by</u> or forgiven the co (Chec	mmittee OR b. $\Gamma$ De ck either a or b. Use only for the pu	bts and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the o	ommittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed Gor by:  FRANK ROCCA  27052 BROADMOOR.  WALREN, MT 4888  If bank loan, name of endorser or guarantor:	4. Type: <u>LDAN</u> 7-05-04 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$_ 300.00		\$ount Endorsed: \$ _	\$_3 <i>00</i> □ forgiven
Debt #2 Corp? ☐ Yes	4. Type: <b>LOAN</b>	/ / \$		
Owed to or by:  MARIA ROCCA  116.76 IOMILE  WARREN, MJ 48889  If bank loan, name of endorser or guarantor:	10-01-04 5. Date Debt Was Incurred: 6. Original Amount of Debt:  \$ 1,000	/ / \$ _/ / \$ _/ / \$ _/ / \$ _/ / \$ _/ / \$	\$	<b>L</b> OOO □ FORGIVEN
Debt #3 Corp? Yes				
Owed to or by:  If bank loan, name of endorser or guarantor:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	/ / \$	mount Endorsed: \$_	Forgiven
		Page Subtotal (Outs	tanding debt)	1200
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)  A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				
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